

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041500

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9966

STATE FILE NUMBER

FILED OCT 17 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DOA Homer G. Phillips</b>		d. STREET ADDRESS (If outside, give location) <b>3959 Greer Ave.,</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>NATHANIEL C. GREEN JR.</b>		4. DATE OF DEATH Month Day Year <b>Oct. 2, 1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-29-38</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.,</b>	
13a. FATHER'S NAME <b>Nathaniel C. Green Sr.,</b>		13b. MOTHER'S MAIDEN NAME <b>Annie Williams</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		17. INFORMANT Address <b>Mrs Annie Herd- 3959 Greer Ave.,</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Massive intra-Thoracic Hemorrhage. Contrib:</b> <b>Penetrating stab-wound of heart; Suffered when stabbed with knife in hands of party or parties unknown in the vicinity of 4040 Delmar about 9:00 P.M., Oct., 2, 1963.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Homicide</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>982x</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>See above</b>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <b>9:00 a.m. 10-2-63</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>St. Louis, Mo</b>	
21. I attended the deceased from <b>9:25 P</b> to <b>9:25 P</b> and last saw her/him alive on <b>10-7-63</b> Death occurred at <b>9:25 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Joseph M. Zuercher, Deputy</b>		22b. ADDRESS <b>1300 Clark</b>	
23. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.,</b>	
23b. DATE <b>10-9-63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oakdale Cemetery</b>	
24. FUNERAL DIRECTOR <b>G. Wade Granberry</b>		25. DATE RECD. BY LOCAL REG. <b>OCT 7 1963</b>	
ADDRESS <b>4202 Finney Ave.,</b>		26. REGISTRAR'S SIGNATURE <b>Smith, M.D.</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBONAMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300 Rev. 4/59	DATE AMENDED	
1		
2	21	
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91		

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Edward S. F. [Signature]*

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.